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### Appendix 13 Periodontic Services

*Please note that local anesthesia is included in the fee for procedures requiring anesthesia and is not separately billable. When a provider uses anesthesia, the anesthesia charge should be included in the amount billed for the procedure.*

Proc. Code	Description of Service	PA Required?	Allowable Age	Limitations
<b><i>Surgical Services (including usual postoperative services):</i></b>				
<b>04210</b>	Gingivectomy or gingivoplasty - per quadrant	Yes	All	Per quadrant of six teeth or more.
<b>04211</b>	Gingivectomy or gingivoplasty, per tooth	Yes	All	Less than six teeth (tooth numbers 1-32, A-T, SN).
<b>04341</b>	Periodontal scaling and root planing, per quadrant	Yes	>12	<p>Per quadrant of eight teeth. (Limited in most circumstances to once per three years per quadrant.)</p> <p>Limited to two quadrants per day in place of service 0, 3, 4, 7, or 8, unless the PA request provides sound medical or other logical reasons, including long distance travel to the dentist or disability makes travel to dentist difficult.</p> <p>Up to four quadrants per day, per recipient in place of service 1, 2, or B. Not billable with prophylaxis.</p>
<b>04355</b>	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	Yes	>12	<p>Full mouth code. Excess calculus must be evident in x-ray.</p> <p>Billed on completion date only. Can be completed in one long appointment.</p> <p>No other periodontal treatment (04341 or 04910) can be authorized immediately after this procedure.</p> <p>Includes tooth polishing. Not billable with prophylaxis. (Once per three years in most circumstances.)</p>

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### Appendix 13 Periodontic Services (continued)

Proc. Code	Description of Service	PA Required?	Allowable Age	Limitations
<b>04910</b>	Periodontal maintenance procedures (following active therapy)	Yes	>12	<p>Prior authorization may be granted up to three years.</p> <p>Not billable with prophylaxis. Once per year in most cases.</p>
<b>W7117</b>	Treat ANUG (acute necrotizing ulcerative gingivitis/Vincent's disease)	No	All	<p>Treatment for any or all portions of the mouth. Not tooth specific.</p> <p><i>Emergency only.</i></p> <p>Limit of \$50.00 per day for all emergency procedures done on a single day.</p> <p>Narrative required to override the limitation.</p>
<b>W7118</b>	Treat periodontal abscess	No	All	<p>Tooth numbers 1-32, A-T, SN.</p> <p><i>Emergency only.</i></p> <p>Limit of \$50.00 per day for all emergency procedures done on a single day.</p> <p>Narrative required to override limitation.</p>

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### Appendix 13 Periodontic Services (continued)

#### COVERED SERVICES

<b>GINGIVECTOMY SERVICES</b>	<p>Gingivectomy/gingivoplasty procedures include:</p> <ul style="list-style-type: none"> <li>- All pre-operative diagnosis.</li> <li>- Periodontal charting.</li> <li>- Surgery, including local anesthetic, post-operative dressings, and follow-up appointments.</li> </ul>
<b>PERIODONTAL SCALING AND ROOT PLANING</b>	<p>The procedure includes all pre-operative diagnosis, periodontal charting, treatment, local anesthetic, and post-operative follow-up.</p>
<b>FULL MOUTH DEBRIDEMENT</b>	<p>This scaling procedure is more precise in describing therapy for generalized gingivitis and is not meant to be performed on a routine basis. On completion of treatment, the gingival tissues should be normal and can be maintained by adult prophylaxes on a regular basis. The procedure includes tooth polishing. It is not allowed on the same day as prophylaxes.</p>
<b>PERIODONTAL MAINTENANCE PROCEDURES (FOLLOWING ACTIVE THERAPY)</b>	<p>This procedure follows active periodontal treatment. It includes:</p> <ul style="list-style-type: none"> <li>- An update of the medical and dental histories.</li> <li>- Radiographic review.</li> <li>- Extraoral and intraoral soft tissue examination.</li> <li>- Dental examination.</li> <li>- Periodontal evaluation.</li> <li>- Removal of the bacterial flora from crevicular and pocket areas.</li> <li>- Scaling and root planing where indicated.</li> <li>- Polishing of the teeth.</li> <li>- A review of the recipient's plaque control efficiency.</li> </ul> <p>Periodontal maintenance is not allowed on the same day as prophylaxes but can be alternated with the prophylaxis procedure to allow the patient to be seen every six months for prophylaxes following active therapy for up to three years following active periodontal treatment.</p>
<b>QUADRANTS</b>	<p>Wisconsin Medicaid defines one quadrant of periodontal procedures as involving eight teeth, regardless of their actual location. For example, periodontal scaling and root planing of two teeth in each of four anatomic quadrants (mandibular left, mandibular right, etc.) constitutes one quadrant of periodontal therapy for approval and reimbursement guidelines.</p> <p>Four quadrants per day are allowed in inpatient and outpatient hospital and ambulatory surgical center settings. In other settings, only two quadrants are allowed in a day. However, if the recipient has difficulty traveling to dental appointments or if medical or other reasons are <i>indicated on the prior authorization (PA) request</i>, then PA for scaling and root planing may be approved up to four quadrants per day, per recipient.</p>

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**Periodontic Services**  
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**PRIOR AUTHORIZATION**

**PRIOR  
AUTHORIZATION FOR  
PERIODONTIC  
SERVICES**

Generally, gingivectomy procedures are approved if greater than 25 percent of the crown is covered with hyperplastic gingiva, and the recipient has a history of medication-induced hyperplasia, puberty gingivitis, familial hereditary hyperplasia, or irritation from orthodontic treatment.

Periodontal scaling and root planing procedures are approved when the periodontal charting demonstrates periodontal pocketing between 4mm and 6mm in depth and history of bleeding, swollen, or infected periodontium (gums). A dental history of long-standing chronic inflammation is not an acceptable criteria for periodontal scaling and root planing.

Periodontal maintenance procedures can be prior authorized:

- Along with the request for scaling and root planing.
- After scaling and root planing has been completed.

Periodontal maintenance procedures are to be alternated with prophylaxes to maintain good oral health for a period of three years following active periodontal therapy.

**PRIOR  
AUTHORIZATION  
DOCUMENTATION**

When submitting PA requests for periodontic services, the following information needs to be included:

- Complete periodontal charting of oral cavity.
- Significant medical and dental history.
- Comprehensive treatment plan for periodontal disease, including treatment, surgery, and postoperative care, including additional prophylaxes as needed.

**BILLING**

All services done on the same day must be billed on the same claim form. If two claims are submitted, one claim will be denied as a duplicate.

**BILLING**

**EMERGENCY  
SERVICES**

*Emergency services are defined as services that must be provided immediately to relieve pain, swelling, acute infection, trismus, or trauma. All claims for emergency services must be identified by an "E" in the "For Administrative Use Only" box on the line item for the emergency service of the ADA claim form or element 24I of the HCFA 1500 claim form in order to exempt the services from copayment deduction. Only the letter "E" without any additional letters is accepted. Information relating to the definition of a dental emergency is in Section II-A of this handbook.*

Claims submitted electronically use a different field to indicate an emergency. Refer to your Electronic Media Claims (EMC) manual for more information.

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**ADDITIONAL INFORMATION**

In addition to this summary, refer to:

- The preceding pages for a complete listing of Medicaid-covered periodontic services, procedure codes, and related limitations.
- Appendix 31 for a summary of required billing documentation.
- Appendix 24 for a summary of required documentation needed for PA requests.